U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6653	2. Fiscal Year Covered From:		
	01 / 01 / 2004 Through: 12 / 81 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name EDWARD J SILVIA	Name		
	Labor Organization File Number 034030		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 5 Thomas Mellon Circle Suite 130	Street 5 Thomas Mellon Circle Suite 130		
City San Francisco	City San Francisco		
State California ZIP Code + 4 94134	State California ZIP Code + 4 94134		
5. Position in labor organization. PRESIDENT			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
	The second of the second to represent		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any). Name NONE	7.a. Nature of Interest, Transaction, or Income.		
,	7.a. Nature of Interest, Transaction, or Income. No benefits from any Employer in Box (A) under contract		
Name NONE Trade Name, if any:	No benefits from any Employer in Box		
Name NONE	No benefits from any Employer in Box		
Name NONE Trade Name, if any:	No benefits from any Employer in Box (A) under contract		
Name NONE Trade Name, if any: P.O. Box, Bldg., Room No., if any	No benefits from any Employer in Box (A) under contract		
Name NONE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	No benefits from any Employer in Box (A) under contract 7.b. Amount.		
Name NONE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	No benefits from any Employer in Box (A) under contract 7.b. Amount.		
Name NONE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares under penalty of	No benefits from any Employer in Box (A) under contract 7.b. Amount. Ø ature Perjury and other applicable penalties of the law, that all of the infor ation		
Name NONE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	No benefits from any Employer in Box (A) under contract 7.b. Amount. Ø ature Perjury and other applicable penalties of the law, that all of the infor ation		
Name None None None None None None None Non	No benefits from any Employer in Box (A) under contract 7.b. Amount. Ø ature Perjury and other applicable penalties of the law, that all of the infor ation ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)		

Name of Person Filing FDWARD J. SILVIA	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name NONE				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).				
Name NONE				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			